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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark OfficeExaminer: Tia A. CarterArt Unit: 2626DATE: May 18, 2005FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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MESSAGE:**RE: U.S. Patent Application Serial No.: 09/548,024, Our Ref. 81800.0121**


I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

May 18, 2005

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Sheila Goldner

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 2626CLIENT NUMBER: 81800.0121ATTORNEY BILLING NUMBER: 1966CONFIRMATION NUMBER: (571) 272-7461 (please return fax to Sheila Goldner)

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T-214 P.002/013 F-982

FORM PTO-1083

MAY 18 2005

81800.0121
 Patent Application No. 09/548,024

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masashi EGUCHI

Serial No: 09/548,024

Filed: April 12, 2000

 For: NETWORK FACSIMILE DEVICE AND
 COMMUNICATION METHOD THEREFOR

Art Unit: 2626

Examiner: Tia A. Carter

I hereby certify that this correspondence
 is being transmitted via facsimile to
 (703) 872-9306:
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450 on
 May 18, 2005
 Date of Deposit
 Sheila Goldner
 Name
Sheila Goldner 05/18/05
 Signature Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	2	.	3	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
Independent Claims: 1 and 14					TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$__ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$__ for the __ extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
 Lawrence J. McClure
 Registration No. 44,228
 Attorney for Applicant(s)

Date: May 18, 2005

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FORM PTO-1083

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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
Independent Claims: 1 and 14					TOTAL		\$ 0

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Registration No. 44,228
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